(d) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) At the current rate, India's population is expected to exceed that of China before 2050 to become the most populous country in the World.

(b) to (d) The Family Welfare Programme in India is voluntary in nature, which enables a couple to adopt the family planning methods, best suited to them according to their choice, without any compulsion. Population stabilization is one of the objectives of National Rural Health Mission (NRHM). The approach of Government is to provide quality health services in remote rural areas along with a wide range of contraceptive choices to meet the unmet demands for reproductive health services which includes delivery, safe abortions, treatment of reproductive tract infections and Family Planning Services. The NRHM also includes the second phase of Reproductive and Child Health Programme (RCH-II), which intends to improve the performance of family welfare by reducing total fertility rate, maternal and infant morbidity and mortality, and unwanted pregnancies. The following steps have been taken to encourage acceptance of Family Planning and to give protection to providers:-

i) National Family Planning Insurance Scheme has been started since Nov'05 to compensate the sterilization acceptors for failures, complications and deaths and also provides indemnity insurance cover to doctors.

ii) Increasing Compensation Package for Sterilization was introduced in Oct '06 and the payment to accredited private providers has been increased markedly from Rs.400 to Rs.800 in 8 EAG States and Rs.100 per case if private doctors perform sterilisation in public institutions in both EAG and non-EAG States provide services.

iii) Specific action points/strategies have been incorporated in the States Project Implementation Plans (PIPs) under NRHM from current year to address the upgradation of Family Planning Services.

iv) Promoting Acceptance of No Scalpel Vasectomy to ensure male participation.

v) Promoting IUD 380A intensively as a spacing method because of its longevity of 10 years and advantages over other IUDs

vi) Fixed day fixed Place Family Planning Services round the year - made possible on account of growing number of 24x7 PHCs and better functioning CHCs and other health facilities under NRHM.

Increasing the basket of choice by systematically and carefully introducing new and effective contraceptives in the programme. The outreach activities through the institution of ASHAs and Monthly Health and Nutrition Days under NRHM have also helped.

Maternal, infant and child mortality rates

2101. SHRI M.V. MYSURA REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that at present pace it is difficult to achieve Millennium Development Goals with regard to maternal mortality, infant mortality and child mortality in the country; and

(b) if so, what efforts his Ministry is making to achieve the Millennium Development Goals?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) and (b) The Millennium Development Goals (MDGs) mandate reduction by three-quarters in the Maternal Mortality Ratio between 1990-2015 and under 5 Mortality Rate by 2/3 between 1990-2015 and Infact Mortality Rate to 27 per 1000 live births by 2015.

The NRHM goals mandate reduction of Maternal Mortality Ratio to 100 per 1,00,000 live births and the Infact Mortality Rate to 30 per 1,000 live births by 2012. These are in line with Millennium Development Goals.

The National Rural Health Mission (NRHM) (2005-2012), and under its umbrella, the Reproductive and Child Health Programme Phase-II, launched by the Government of India in the year 2005, aims to improve access for rural people, especially poor women and children to equitable, affordable, accountable and effective primary health care, with a special focus on 18 States which have weak public health indicators and weak infrastructure. Under the Mission, the following key strategies and interventions are being implemented to accelerate the pace of reduction in maternal mortality namely Janani Suraksha Yojana (JSY), a cash benefit scheme to promote Institutional Delivery with a special focus on Below Poverty Line (BPL) and SC/ST pregnant women; Operationalizing Community Health Centres as First Referral Units (FRUs) and Primary Health Centres for 24x7 services; Augmenting the availability of skilled manpower by means of different skill-based trainings such as Skilled Birth Attendance; training of MBBS Doctors in Life Saving Anesthetic Skills and Emergency Obstetric Care including Caesarian Section; Provision of Ante-natal and Post Natal Care services; prevention and treatment of anemia by supplementation with Iron and Folic Acid tablets during pregnancy and lactation; Organizing Village Health and Nutrition Day at Anganwadi Centres; Appointment of an Accredited Social Health Activist (ASHA) to facilitate accessing of health care services by the community including pregnant women; Strengthening of Health Facilities, that is, District Hospital, Community Health Centres (CHCs) Primary Health Centres (PHCs) and Sub Centres (SCs), by providing them with funds including untied grants, Annual Maintenance Grants (AMG) and Corpus Funds to improve service delivery.

Rise in cervical cancer death cases in India

2102. SHRI RAJEEV CHANDRASEKHAR:
SHRI B. J. PANDA:
MS. MABEL REBELLO:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it s a fact that there is an upward rise in cervical cancer in India and vaccine for this ailment is yet to be developed;